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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY **
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY UT	SHEETS DRAWINGS 1	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/CARALYNNE E HELM/ Examiner's Signature	Initials				

ADDRESS

FACTOR & LAKE, LTD
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TITLE

IMPROVED BUFFER GEL FOR IONTOPHORESIS ELECTRODES

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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